Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:02/01/2007 Case #:43.24711 County:BARTHOLONEN	Address:(<u>. 2. 4008. D. C.</u> 2. 900E	
Type of Laboratory Scizure (check one)	Seizure Location (check all that apply)		
☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☑ Dumpsite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☑ Open – No Structure ☐ Other:	
Items Found: Location (bedroom, kitchen, open a (check all that apply) Lithium/Ammonia Reaction(s):	ur. etc)		
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents:			
☐ Water Reactive Metal (Lithium):			
M Anhydrous Ammonia: IN INK, Lo	CATED IN D	TCHILDE,	
☐ Hydrochloric Acid Gas Generator(s);			
Corresive Acid:			
Corrosive Base;			
Other (item and location):			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services	Other:	Pseudoephedrine Tracking Log chant Tip	
This report is to be faxed to the following agenc	ies that serve the loc	ation:	
THE DEPARTMENT: ELUZING TEXTOUR VED		<u>579 5403</u>	
Health Department: BARTLANONEN CO.		379-1040/	
Child Protection Service:	Fax: NIA		
For further information regarding this methampheta Investigating Officer: <u>Magnilla A. MEAD</u> ** This form is to be faxed to the Fire Department, Health I	Phone 812.	522 1441	

epartment and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for refention.